

NEW SETUP DIRECT DEPOSIT / ADVANCE PAYMENT NOTIFICATION AUTHORIZATION FORM

SEE INSTRUCTIONS ON BACK.


VENDOR/PAYEE INFORMATION

SECTION 1	Texas Identification Number: (Payee Number, SSN or EIN)										Mail Code: (Agency Use ONLY)									
	Vendor or payee name (Required)										Grant #									
	Vendor contact name (Required)					Title (Required for vendor)					Contact phone number (Required) ()									
	Payment address (Required)					City (Required)					State (Req.)					Zip code (Required)				

FINANCIAL INSTITUTION INFORMATION

SECTION 2	Financial institution name (Bank name) (Required)															City										State								
	Routing transit number (9 digits)															Customer account number (maximum 17 characters)																		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																		
	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings																																	
Financial representative name															Title																			
Financial representative signature															Phone number (Required) ()															Date (Required)				

AUTHORIZATION FOR DIRECT DEPOSIT SETUP

SECTION 3	<p>I authorize the Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I further understand that the Comptroller of Public Accounts will reverse any payments made to my account in error.</p> <p>I also agree to comply with the National Automated Clearing House Association's rules and the Texas Comptroller of Public Accounts' rules for electronic payments at all times.</p>																													
	Authorized signature (Required) sign here 															Printed name (Required)										Date (Required)				

AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

SECTION 4	<p>By completing this section, I authorize the Texas Comptroller of Public Accounts to send Advance Payment Notification to the e-mail address or FAX number designated below. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.</p> <p>Please indicate which method you want to receive payment notification by providing either an e-mail address or fax number.</p>																								
	E-mail: _____															Fax number: () _____									
	I wish to see my payment remittance information on my notifications? <input type="checkbox"/> YES <input type="checkbox"/> NO																								

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address listed on this form.

Please return your completed form to:

OFFICE OF THE GOVERNOR
Financial Services
P.O. Box 12878
Austin, TX 78711-2878

E-mail: vendor.dd@governor.state.tx.us
Fax number: (512) 463-4114

AGENCY USE ONLY

Approved: _____ Date: _____

Processed: _____ Date: _____

Verified: _____ Date: _____

**INSTRUCTIONS FOR NEW SETUP
DIRECT DEPOSIT/ADVANCE PAYMENT NOTIFICATION
AUTHORIZATION FORM**

SECTION 1: VENDOR/PAYEE INFORMATION

Texas Identification Number: (Payee Number, SSN, or EIN)

Enter your 11-digit Texas Identification number or your 9-digit Social Security number or Employer Identification number.

VENDOR CONTACT NAME (Required for Vendor)

Enter the name of the person that can be contacted for assistance as needed.

TITLE

Enter the title of the VENDOR CONTACT.

SECTION 2: FINANCIAL INSTITUTION INFORMATION

Section 2 is recommended to be completed by a financial institution.

NOTE: Alterations to routing, account number and/or type of account must be initialed by the financial institution representative or the payee.

SECTION 3: AUTHORIZATION FOR DIRECT DEPOSIT SETUP

The individual authorizing the direct deposit setup must sign, print their name and date the form.

SECTION 4: AUTHORIZATION FOR ADVANCE PAYMENT NOTIFICATION SETUP

Receiving your state payments by direct deposit also enables you to take advantage of our Advance Payment Notification option. Notifications can be sent by e-mail or FAX, and provide one (1) business day advance notice prior to your payment posting to your bank account. You may also choose to have your payment remittance information included. To sign-up simply complete Section 4.